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California Medicine

EDITORIAL

The Eradication of Syphilis

IN CALIFORNIA as elsewhere, the need for the reporting of communicable diseases is supported by law. Perhaps no better example of the importance of reporting can be found than in the venereal disease program. The importance of physician assistance in the syphilis eradication program that is now under way in California and in the nation at large is dealt with elsewhere in this issue (page 306). Not only does reporting enable us to know the real magnitude of the problem, but, more important, reporting initiates confidential interviews and case-finding activities by public health workers. A requirement that laboratories notify public health authorities of findings suggestive of venereal disease enables the laboratory to join public health workers and physicians in finding new infectious cases or in returning persons with reactivated disease to treatment. If not reported, the "source" cases and the cases that are spread from the source are unlikely to be located and brought to treatment immediately. Immediate information is the *sine qua non* of preventing rampant spread of infection to others.

Vastly improved teamwork between private physicians and local health departments is essential for the eradication of syphilis. Paradoxically, although diagnostic tools and technical ability are better than ever and treatment is easier and more effective, syphilis is spreading. Hidden infections are a major factor in this paradox. While private physicians diagnose and treat large numbers of patients with infectious venereal disease, all too often the epidemiologic work that is necessary if the "source" cases and their exposed contacts are to be brought to examination and treatment never gets under way simply because the physician does not make the required report. Without violating a confidence, health departments have greatly increased the effectiveness of their services of interviewing and reinterviewing patients with infectious venereal disease in order to find all persons with whom the patients have had sexual contact and induce them to have examination and treatment. Because of the complexity of technique and the time required, health departments request that all private physicians ask them to perform this specialized service whenever primary, secondary or early latent syphilis is diagnosed. Health departments never carry out this service without the physician's request or permission. Homosexual exposure accounts for an appreciable proportion of current cases of infectious syphilis—a special problem which calls for skilled interviewing.

For infectious syphilis, physicians should telephone the local health department to ask that an interviewer be sent to talk with the patient while he is still in the office. Whenever feasible this interview for the purpose of tracing contacts should be initiated before treatment is started.

Another crucial problem in the eradication of syphilis lies in the medical realm—reticence on the part of physicians to give "epidemiologic" treatment to persons who are known to have had contact with infectious venereal disease at the time of the diagnostic examination. Yet with the simplicity and certainty of treatment now available, there is no valid reason to withhold treatment until the symptoms and signs of a dangerous disease develop. In this connection it should be noted that in many instances the only indication of disease is the development of a positive reaction to a blood test, which may not occur until weeks after infection. And in the interim there is always a great possibility of more spread.

How can the private physician fulfill his responsibilities in the eradication of syphilis? The following